



# CITY OF WHEATLAND

111 C Street, Wheatland, CA 95692

Phone: 530-633-2761

Fax: 530-633-9102

## WATER & SEWER SERVICE APPLICATION

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Property Owner         |                                |
| <input type="checkbox"/> New Account/Renter     | <input type="checkbox"/> Water |
| <input type="checkbox"/> New Account/Home Owner | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Cancellation           |                                |
| <input type="checkbox"/> Name Change/Add Name   |                                |
| <input type="checkbox"/> Change of Address      |                                |
| <input type="checkbox"/> Realtor                |                                |
| <input type="checkbox"/> Temporary Shut Off     |                                |

### PLEASE COMPLETE ALL SECTIONS

Name: \_\_\_\_\_  
(PRINT NAME)

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name(s) of Responsible Billing Party: \_\_\_\_\_

Property Owner/Management Co. Name: \_\_\_\_\_

Property Owner/Management Co. Address: \_\_\_\_\_

Property Owner/Management Co. Phone: \_\_\_\_\_

Date of Service: \_\_\_\_\_

*Applicant hereby agrees that the water and sewer services will be accepted in accordance with the rules and regulations of the City of Wheatland now and hereinafter in effect, and monthly payments for said services shall be to the City of Wheatland, Wheatland, CA.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_